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Paralegal/National Stage Division

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| <input checked="" type="checkbox"/> International Application | <input type="checkbox"/> Request form PCT/RO/101 |
| <input type="checkbox"/> Article 19 Amendments | <input type="checkbox"/> PCT/ISA/110 - Search Report |
| <input type="checkbox"/> PCT/IB/311 | <input type="checkbox"/> Search Report References |
| <input type="checkbox"/> PCT/PEA/409 IPER (PCT/PEA/416 on front) | <input type="checkbox"/> PCT/IB/306 - Notification of a Change |
| <input type="checkbox"/> Annexes to 409 (Article 34 Amendment) | <input type="checkbox"/> Other: _____ |
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| <input checked="" type="checkbox"/> Basic National Rec (or authorization to check) | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on: _____ |
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| <input type="checkbox"/> Translation of Article 19 Amendments | <input type="checkbox"/> Substitute Specification Filed on: _____ |
| <input type="checkbox"/> entered <input type="checkbox"/> not entered: | <input checked="" type="checkbox"/> Verified Small Status Statement (executed) |
| <input type="checkbox"/> Translation of Annexes to 409 | <input checked="" type="checkbox"/> Oath/Declaration (executed) |
| <input type="checkbox"/> entered <input type="checkbox"/> not entered: | <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> Other: 1. _____ |
| <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Change of Address | <input type="checkbox"/> Other: 1. _____ |

NOTES: ☐ I.A. used as Specification ☐ Other: _____

30 Nov 04

35 U.S.C. 371 - Receipt of Request

Date Acceptable Oath/Declaration Received _____

Date of Completion of requirements under 35 U.S.C. 351(c)(1), (2)(1), and (4)(1) _____

Date of Completion of ALL requirements under 35 U.S.C. 371 _____

Date of Completion of DO/EO 983 - Notification of Acceptance _____

Date of Completion of DO/EO 985 - Notification of Missing Requirements _____

Date of Completion of DO/EO 916 - Notification of Defective Response _____

Date of Completion of DO/EO 989 - Notification of Abandonment _____

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